



Incident Report

Print Date/Time: 10/14/2016 10:31
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020064

Incident Date/Time: 10/7/2016 2:09:00 PM
Location: 8915 MARKET PL
LAKE STEVENS WA 98258
Phone Number: (425) 501-4945
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 4
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0135-Parnell

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	PALARDO, LISA		(425) 501-4945			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Victim Vehicle	Passenger Car					ATM5699	WA
Involved Vehicle	Passenger Car	2015	Kia Motors Corp.	SORENTO		ATM5699	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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10/07/2016 : 14:10:29 SP0397 Narrative: CC, COLD H/R, NS, RP AT BLK KIA SORENTO

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E595220**CASE # **2016-00020064**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATIONDATE OF COLLISION **10** - **07** - **2016**TIME (2400) **1409**COUNTY # **31**

MILES

CITY #

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐NON-INTERSECTION ☒**MARKET PLACE**BLOCK NO. ☒**8915**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☐ NO ☐

PHONE

LAST NAME **UNKNOWN**

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX **U**D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET
USE **9**INJURY
CLASS **0**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE **UNKN**MODEL **UNKNO**

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA

UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME **UNKNOWN**

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX **U**D.O.B.
MMDDYYYYON DUTY ☐

STATUS

AIRBAG **9**RESTR. **9**EJECT **9**HELMET
USE **9**INJURY
CLASS **0**

NATURE OF INJURIES

LICENSE
PLATE # **ATM5699**STATE **WA**VIN# **5XYKTD70FG649335**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

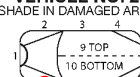
VEH. YEAR **2015**MAKE **KIA**MODEL **SORENT**STYLE **UT**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **LISA POLLARDO 3231 76TH DRIVE NE MARYSVILLE WA 98270**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **GEICO 4358-01-08-50**VEHICLE
LEGALLY
STANDING ☐ YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

K. PARNELL

BADGE OR ID #

0135

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

PAGE 01 OF 3


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E595220**CASE # **2016-00020064**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Veh. 2 was parked in front of store while owner was inside working. Owner of veh. 2 noticed damage to front left bumper of veh. at end of shift. No witnesses or suspect info.

**** AUTO-POPULATED SECTION ****

THE FOLLOWING ARE DESCRIPTIONS ENTERED FOR ITEMS SELECTED AS "OTHER":

Motor Vehicle Unit 1

Action Code: UNKNOWN

**** END OF AUTO-POPULATED SECTION ****

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

K. PARNELL

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-07-16 02:45 PM

DATED

PLACE SIGNED

APPROVED BY

C. CHRISTENSEN 0075

DATE

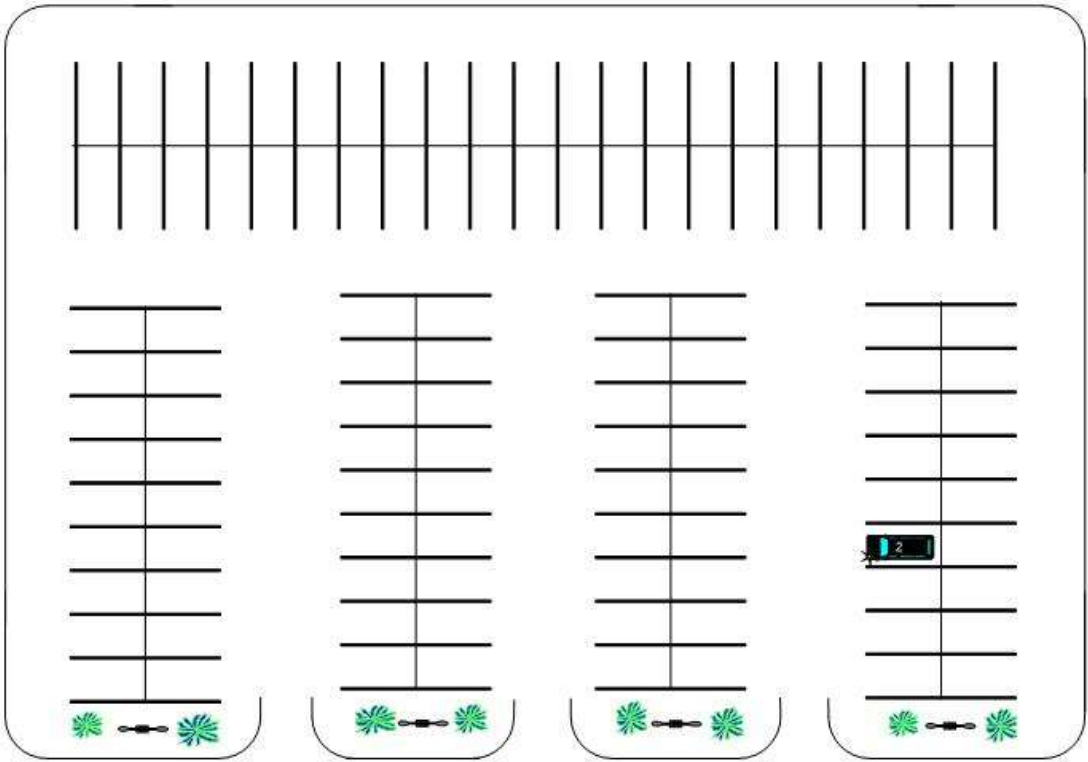
10/13/2016 2:53:30 PM

BADGE OR ID #	0135	ORI #	WA0311900	TIME POLICE DISPATCHED	2:09 PM	TIME POLICE ARRIVED	2:15 PM
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REPORT NO. E595220

CASE # 2016-00020064

DATE AND TIME
OF COLLISION 10/07/16 14:09



Not drawn to scale

